



Serial No. 09/826,117

Serial No. 09/826,117  
Filing date 01/09/2001  
Name Urbain A. von der Embse  
Unit 2667  
Examiner Rhonda L. Murphy

11 April 05

DETAILED ACTION RESPONSE

Attached are:

\$500 check for fees owed to USPTO

Notice of Fee Deficiency

PTO/SB/21 Transmittal Form

PTO/SB/17 Fee Transmittal for FY 2005

PTO/SB/06 Patent Application Fee Determination Record

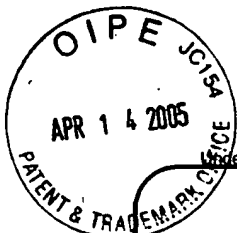
Thanks ever for your welcomed help and guidance with this patent application.

Contact No. 310.641.0488  
Address Urbain A. von der Embse  
7323 W. 85<sup>th</sup> St.  
Westchester, CA 90045-2444

Signature

Name

Urbain A. von der Embse



2667 2667

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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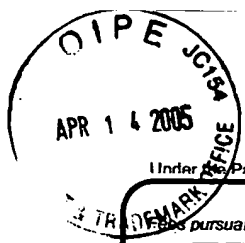
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/826,117
	Filing Date	01/09/2001
	First Named Inventor	Urbain A. von der Embse
	Art Unit	2667
	Examiner Name	Rhonda L. Murphy
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks  for excess independent claims	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name		
Signature	Urbain A. von der Embse	
Printed name	Urbain A. von der Embse	
Date	11 April 2005	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	Urbain A. von der Embse	
Typed or printed name	Urbain A. von der Embse	Date 11 April 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **500****Complete if Known**

Application Number	09/826,117
Filing Date	01/09/2001
First Named Inventor	Urbain A. von der Embse
Examiner Name	Rhonda L. Murphy
Art Unit	2667
Attorney Docket No.	

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**- 3 or HP = 5 x 100 = 500

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	Urbain A. von der Embse	Registration No. (Attorney/Agent)	Telephone 3106410488
Name (Print/Type)	Urbain A. von der Embse	Date	11 April 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/826,117	01/09/2001	Urbain Alfred Von der Embse		4387

7590 04/06/2005

Urbain A. von der Embse  
5723 W. 85th Street  
Westchester, CA 90045-2444

EXAMINER

MURPHY, RHONDA L

ART UNIT

PAPER NUMBER

2667

DATE MAILED: 04/06/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, DC 20231  
www.uspto.gov

Paper No.

## NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with

09/826 117

- ☐ the original filing of the application and/or preliminary amendment (e.g. additional claim fees)
- ☐ the reply filed on \_\_\_\_\_ . The reply is not fully responsive to the prior Office action because of the \_\_\_\_\_ following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

### FEE(S) DUE

- ☐ 1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance\* is due within the time period set below.
- ☐ 2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to \_\_\_\_\_ Account \_\_\_\_\_ (Card type + last 4 digits ONLY) was refused.

The balance\* is due within the time period set below.

- ☐ 3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.
- ☒ 4. The filing fee of \$ \_\_\_\_\_ submitted in this application is insufficient. A balance of \$ 500 is due for presentation of excess claims (37 CFR 1.16(b) & (c)).
- ☒ 5. Other. see below

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

10 independent claims were presented; you had an excess of fee.  
5 x \$100 = \$500

APPLICANT IS GIVEN A TIME PERIOD OF **ONE (1) MONTH or THIRTY (30) DAYS** FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

\*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Theresa Dixon  
Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at \_\_\_\_\_ (insert Phone Number).